

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO..

FILING DATE

10/585784

7-11-06

CLAIMS

	AS FILED		AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3				1				
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5		1		4				
6		1		1				
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TOTAL IND.			1					
TOTAL DEP.			11					
TOTAL CLAIMS		12						

	AS FILED		AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT					
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